



SMR120003

NH606582 130514

Instructions:

FAMILY NAME WATSON MRN 0407123

GIVEN NAMES EB FAREN MALE FEMALE

D.O.B. 22 / 03 / 70 M.O. CRUIER

ADDRESS

LOCATION / WARD SURGICAL WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

NSW GOVERNMENT Health Facility:

ADULT FLUID ORDER

Allergies/ADR:

Date (dd/mm/yyyy)	Fluid Type	Volume (mL)	Additive (dose/volume)	Rate (mL/hr)	Route	Prescriber's Name Print & Signature / pager No.	Date/Time Started	Date/Time Finished	Administered Print / Sign	Checked Print / Sign
27/5/18	4% DEXROSE 1/5 NSALINE	1000	—	80	IV	JOHNSTON <i>[Signature]</i>	27/05/2018 1300	28/05/2018 0130	WOOD. <i>[Signature]</i>	hager. <i>[Signature]</i>
27/5/18	4% DEXROSE 1/5 NSALINE	1000	—	80	IV	JOHNSTON <i>[Signature]</i>	28/5/18 0130	1 /	BANKER <i>[Signature]</i>	JONES. <i>[Signature]</i>
1 /							1 /	1 /		
1 /							1 /	1 /		
1 /							1 /	1 /		
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1 /							1 /	1 /		
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